

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.

Director

ROBIN KAY, Ph.D.

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601

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January 15, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

*Robin Kay for*

SUBJECT: **GRANT MANAGEMENT STATEMENT FOR SUBSTANCE ABUSE AND  
MENTAL HEALTH SERVICES ADMINISTRATION BLOCK GRANT  
AWARD FOR STATE FISCAL YEAR 2009-2010**

Enclosed is the Grant Management Statement for the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant for State Fiscal Year 2009-2010. The Initial Allocation amount is \$14,761,049.

The Department of Mental Health plans to submit the SAMHSA Block Grant award renewal application to the State on Tuesday, January 19, 2010.

This notification is to comply with Board-approved delegated authority of November 8, 2005 to accept SAMHSA Block Grant funding awards for the provision of mental health services to adults and older adults with a serious mental illness and children who are seriously emotionally disturbed.

MJS:RK:LTl

Enclosure

c: Chief Executive Officer  
Acting County Counsel  
Robin Kay, Ph.D.  
Roderick Shaner, M.D.  
Margo Morales  
Carlotta Childs-Seagle  
Tony Beliz

Olivia Celis-Karim  
Dennis Murata  
Sandra Thomas  
Cathy Warner  
Richard Kushi  
Kimberly Nall  
Michael Boyle  
Leticia Torres-Ibarra

# Los Angeles County Chief Executive Office

## Grant Management Statement for Grants \$100,000 or More

**Department:** Mental Health

**Grant Project Title and Description:** Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Block Grant (FBG)

SAMHSA FBG funds are used for the provision of integrated services to adults and older adults with a serious mental illness and children with serious emotional disturbance.

**Funding Agency**  
California Department of  
Mental Health

**Program (Fed. Grant #/State Bill or Code #)**

SAMHSA Letter No.: 09-01

**Grant Acceptance Deadline**

Board notification of Grant acceptance. Deadline not applicable.

**Total Amount of Grant Funding:** \$14,761,049

**County Match:** N/A

**Grant Period: Fiscal Year** 2009-10

**Begin Date:**

07/01/09

**End Date:** 6/30/10

**Number of Personnel Hired Under This Grant:**

**Full Time:**

**Part Time:** N/A

### Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant-funded program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will all personnel hired for this program be placed on temporary ("N") items?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the County obligated to continue this program after the grant expires?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If the County is not obligated to continue this program after the grant expires, the Department will:		
a.) Absorb the program cost without reducing other services	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b.) Identify other revenue sources (describe below)		
The Department will explore all sources of potential or new funding if there are no existing funds available.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c.) Eliminate or reduce, as appropriate, positions/program costs funded by the grant.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Impact of additional personnel on existing space:**

**Other requirements not mentioned above:**

Department Head Signature: \_\_\_\_\_

Date: 1/19/10

